Dear Human Services Committee:

I am writing in support of HB 5440, AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR DIABETES PREVENTION AND SELF-MANAGEMENT. The goal of this bill is to establish federal Medicaid reimbursement for diabetes prevention and self-management.

This important legislation has two aspects. The first is to establish a 5 year community based diabetes prevention program. With estimates as high as 1 out of 3 Americans having pre-diabetes, (a condition characterized by elevated blood sugars that precedes the diagnosis of type 2 diabetes), it makes good financial sense to prevent this disease. It has been well documented that medical costs for a person with diabetes is 2.3 times higher than a person without diabetes Diabetes Care. 2013 Apr; 36(4): 775–776. Research has shown that the evidence based diabetes prevention program's lifestyle intervention has reduced the risk of developing diabetes by 58%. Conclusions from a 2012 Diabetes Care article state: "Over 10 years, from a payer perspective, lifestyle was cost-effective" The article went on to say, "Investment in lifestyle interventions, (and metformin, a drug also used in the study), for diabetes prevention in high-risk adults provides good value for the money spent. (*Diabetes Care April 2012 vol. 35 no. 4 723-730.)*

The second aspect of the bill is to provide Medicaid reimbursement for diabetes self-management training. Although Medicaid described in their recent testimony opposing HB 5266 that they currently cover this service, in fact what they provide for is not the comprehensive services of an American Diabetes Association recognized or American Association of Diabetes Educators accredited program. The care management, wellness calls, out-patient hospital and physician office counseling that Medicaid does cover does not incorporate what a certified diabetes educator (CDE) can provide. Recent testimony on 5266 by Barbara Nadolny CDE provided an excellent example of how she was able to thoroughly assess a patient error in insulin administration that went undiscovered by the person's diabetes physician. The patient's blood sugar that was out of control

before the visit with the CDE was then brought into control, thus decreasing the risk of costly diabetes complications. This is just one example of the expertise provided by a CDE.

Studies on diabetes education outcomes demonstrate reduced health care costs (Balumarugan et al. (2006) *Diabetes Educator* 32(6) 893-900) and fewer hospitalizations (Duncan et.al. (2009) *Diabetes Educator* 35 (5) and Robbins et.al. (2008) *Diabetes Care* 31(4) 655-660.). This, at a fraction of the charges for a hospitalization for any of the associated complications such as lower extremity amputations, hemodialysis, coronary by-pass surgery etc. The 2015 Medicare fee schedule for DSMT provides $106 for one hour for individualized training and $257 for nine hours of group training, which is the standard of care.

Please provide Medicaid patients with the same right to quality diabetes care as s currently provided for by both Medicare and Connecticut based insurances. I urge you to support HB 5440, thank you.

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